								Application or Docket Number					
	PATENT A	APPLICATIO Effect		10/669,545									
CLAIMS AS FILED - PART I (Column 1) (Column 2)								MALL TYPE	ENTI	<b>τ</b> ∳ Ι	OR	OTHER SMALL I	
TOTAL CLAIMS			76				[	RATE		FEE		RATE	FEE
FOR			NUMBER FILED		NUMBER EXTRA			BASIC FEE 375.00		75.00	OR	BASIC FEE	750.00
TOTAL CHARGEABLE CLAIMS			ominus 20=		*	56		X\$ 9=			OR	X\$18=	966
INDEPENDENT CLAIMS			// minus 3 =		*	S		X42=		OR	X84=	677	
MU	LTIPLE DEPEN	DENT CLAIM PI	RESENT			+14		+140=	.		OR	+280=	. ~
* If	the difference	in column 1 is	less than ze	ss than zero, enter "0" in column 2				TOTA			OR	TOTAL	33.72
CLAIMS AS AMENDED - PART II								OTHER THAI SMALL ENTITY OR SMALL ENTIT					
ď	-4-06	(Column 1)		(Colur			SMAI			ADDI-		SMALL	ADDI-
AMENDMENT A		REMAINING AFTER AMENDMENT		NUM PREVIO	DUSLY	PRESENT EXTRA		RATE	: TI	ONAL FEE		RATE	TIONAL
	Total	* 76	Minus	B	0	a a		X\$ 9=			OR	X\$18=	
	Independent	* V	Minus	*** [3	}	=		X42=	1		OR	X84=	
Ľ	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							+140=	_		OR	+280=	
								TOT			)   	TOTAL ADDIT, FEE	
(Column 1) (Column 2) (Column 3)									سبها ۲۳			ADUII. FEE	
AMENDMENT B		CLAIMS REMAINING		HIGH	EST	PRESENT EXTRA	1 1		A	ADDI- TIONAL FEE		RATE	ADDI-
		AFTER AMENDMENT		PREVA PAID	OUSLY			RATE					TIONAL FEE
NON	Total	*	Minus	**		=		X\$ 9=			OR	X\$18=	
AME	Independent	* NTATION OF M	Minus	***	CL AIM		11	X42=			OR	X84=	
_	THOTFRESE		,	+140=	-		OR	+280=					
									AL EE		OR	TOTAL ADDIT. FEE	
(Column 1) (Column 2) (Column 3)													
ပ		CLAIMS REMAINING		FIGH NUM	BER	PRESENT	l	DATE		DDI-		DATE	ADDI-
		AFTER AMENDMENT		PAID	FOR	EXTRA	11	RATE		ONAL		RATE	TIONAL FEE
AMENDMENT C	Total	*	Minus	**		s 	11	X\$ 9=			OR	X\$18=	
	Independent	*	Minus	***	T CL AIM	=		X42=			OR	X84=	
-	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							+140=			OR	+280=	
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.  ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."  ADDIT FEE											AD.	TOTAL	
and the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."  ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."  ADDIT. FEE  ADDIT. FEE  ADDIT. FEE													<u> </u>
	Tighor Hul			. meopone	wid	- ngnost numb	UT 100			KILO 1/0/			